Benefits of Childhood Immunizations

The Evidence:

In addition to saving lives and improving the quality of life, immunization generates significant economic benefits. According to an extensive cost-benefit analysis by the CDC, every dollar spent on immunization saves \$6.30 in direct medical costs, with an aggregate savings of \$10.5 billion. When including indirect costs to society -- a measurement of losses due to missed work, death and disability as well as direct medical costs -- the CDC notes that every dollar spent on immunization saves \$18.40, producing societal aggregate savings of \$42 billion.¹ Various cost-benefit analyses produce similar measurements.²

The DTaP vaccine, providing protection for diphtheria, tetanus and pertussis, is particularly cost effective. For every dollar spent on DTaP, it produces \$27 of direct and indirect savings.² Diphtheria immunizations alone prevent almost 13,000 deaths per year.

For every \$1 spent ² :	
Immunization	Medical and Societal Cost Savings
DTaP saves	\$27.00
MMR (measles, mumps, rubella saves	\$26.00
H. Influenza type b saves	\$5.40
Perinatal Hep B saves	\$14.70
Varicella saves	\$5.40
Inactivated Polio (IPV) saves	\$5.45

REFERENCES

1 Ross Rapoport, "CDC: Immunizations High But Shot In Arm Still Needed," <u>Cox News Service</u>. 1 August 2003.

In Missouri:

LPHAs provide a vital role in immunizing our children and providing access to immunizations among hard to reach families and communities. In 2012, a total of 48,115 doses containing DTaP were administered by LPHAs. These doses were valued at \$1,895,008 which resulted in a savings of \$51,165,205 direct and indirect costs. Vaccines provided through the Vaccine for Children Program and 317 Program are federally funded, but all immunization administration costs are provided by local public health agencies.

Another vital role played by LPHAs is the entry of data into Show-Me Vax, the state immunization registry, which allows for sharing of accurate immunization history across providers and with school nurses.

LPHAs also provide critical access to immunizations in many rural counties such as Clinton County. The Clinton County Health Department is the primary immunizer providing immunizations in the county's three towns serving the population of 22,000. In one of those towns, the local public health agency is the only provider. In the other two towns, only a few primary care providers provide immunization due to the high cost of a minimum order of vaccine and the risk of expiration before the minimum order can be used. If residents wish to utilize a pediatrician in Clinton County, they must choose another provider for immunizations as the only pediatrician in the county does not provide vaccinations. The nearest other pediatrician requires residents to travel 15-50 miles. Clinton County Health Department, by providing access to immunizations, are saving parents and potentially employers the financial burden associated with time and travel costs.

² Zhou, et al, "Economic Evaluation of Routine Childhood Immunization with DTaP, Hib, IPV, MMR and Hep B Vaccines in the United States," Pediatric Academic Societies Conference, Seattle, Washington, May 2003